Foster Family Home - Corrective Action Report

Provider ID:

1-620569

Home Name:

Monaliza Asuncion, CNA

Review ID:

1-620569-5

94-819 Kaaka Street

Reviewer:

Sue Lo

Waipahu

HI 96797

Begin Date:

3/6/2018

End Date: 3.8. 2018

Foster Family Home

Required Certificate

[17-1454-6]

6.(d)(1)

Comply with all applicable requirements in this chapter; and

Comment:

6(d)(1) Home visit made for a 2 bed recertification. Corrective action report issued during home visit with corrective action plan due to CTA on 4/06/2018.

Foster Family Home

Background Checks

[17-1454-7.1]

7.1.(a)(1)

Be subject to criminal history record checks in accordance with section 846-2.7, HRS;

Comment:

7.1.(a)(1) Lapse on eCrim due on/before 2/16/18 was done on 2/21/18 for CG#6.

Foster Family Home

Fire Safety

[17-1454-45]

45.(a)

The home shall conduct, document, and maintain a record, in the home, of unannounced fire drills at different times of the day, evening, and night. Fire drills shall be conducted at least monthly under varied conditions and shall include the testing of smoke detectors.

45.(b)(2)

All caregivers have been trained to implement appropriate emergency procedures in the event of a fire.

Comment:

45.(a) Documentation for unannounced night fire drill not present in the home.

45.(b)(2) Documentation for conducting unannounced fire drill not present in the home for CG #6.

Compliance Manager

monaliza asuncion

Primary Care Giver

Date

3-6-18

Date

Community Care Foster Family Home (CCFFH) Written Plan of Correction for Deficiencies Listed in Corrective Action Report Chapter 17-1454

CCFFH Name: Mai Mai Foster Home

CCFFH Address: 94-819 Kaaka ST Warpahu H1 96797

Rule Number	Corrective Action Taken	Date Corrected	Prevention Strategy
) hapsed e crum cannot be changed a) night imamounced five drill done by C & # 4		PCG understands background checks so I need to put a notification or note in calendary posted on the desk in the binder and will checket least every six months to renew before due date. From now on Home will train all CG's to conduct. Fire dull day, evening, night. PCG understand all CG's must conduct free deall at least once a year, a schedule is made a placed in PCG's Home binder.

Primary Caregiver's Signature: <u>MMOURA ASUN CLOM</u>

Print Name: <u>MONALIZA ASUN CLON</u> Date of Signature: 3-7-18